

10/526386

TRANSMITTAL LETTER TO THE UNITED STATES RECEIVING OFFICE

Date	
International Application No.	
Attorney Docket No.	CHAV3.0-032PCT

I. Certification under 37 CFR 1.10 (if applicable)

Express Mail mailing number ER 022023927 US	Date of Deposit AL 10 2003
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I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PCT, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Signature of person mailing correspondence	Omri M. Behr Typed or printed name of person mailing correspondence
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II. ☐ New International Application

TITLE Dri-Nasal Sprays	Earliest priority date (Day/Month/Year) 23 Sep 2002
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SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied (Note: check as many boxes as apply):

A. ☐ The invention disclosed was not made in the United States

B. ☐ There is no prior U.S. application relating to this invention.

C. ☒ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority.)

application no.	10/253 073	filed on	23 Sep 2002
application no.	10/406 869	filed on	04 Apr 2003

D. ☒ The present international application contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages **3** and ☒ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

III. ☐ A Response to an Invitation from the RO/US. The following document(s) is (are) enclosed:

A. ☐ A Request for An Extension of Time to File a Response

B. ☐ A Power of Attorney (General or Regular)

C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

D. ☐ Submission of Priority Documents

Priority document		Priority document	
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E. ☐ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

IV. ☐ A Request for Rectification under PCT 91 ☐ A Petition ☐ A Sequence Listing Diskette

V. ☐ Other (please specify):

The person signing this form is the:	<input type="checkbox"/> Applicant	Omri M. Behr
	<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.)	Typed name of signer
	<input type="checkbox"/> Common Representative	Signature

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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No. _____

International Filing Date _____

Name of receiving Office and "PCT International Application" _____

Applicant's or agent's file reference (if desired) (12 characters maximum) CHAV3.0-032PCT

Box No. I TITLE OF INVENTION	
Dri Nasal Sprays	
Box No. II APPLICANT <input checked="" type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Mackles, Leonard 311 East 23rd Street New York NY 10010 United States of America	Telephone No. 973 465 1268 Facsimile No. as above Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Behr, Omri M. The Behr Office 325 Pierson Ave, Edison NJ 08837-3123 United States of America	Telephone No. 732 603 6006 Facsimile No. 732 494 6258 Teleprinter No. Agent's registration No. with the Office 22 940
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Form PCT/RO/101 (first sheet) (March 2001; reprint July 2003)

See Notes to the request form

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Sheet No.

Box No. V	DESIGNATION OF STATES	Mark the applicable check-boxes below; at least one must be marked.
The following designations are hereby made under Rule 4.9(a):		
Regional Patent		
<input checked="" type="checkbox"/> AP	ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SI Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)	
<input checked="" type="checkbox"/> EA	Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT	
<input checked="" type="checkbox"/> EP	European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT	
<input checked="" type="checkbox"/> OA	OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)	
National Patent (if other kind of protection or treatment desired, specify on dotted line):		
<input checked="" type="checkbox"/> AE	United Arab Emirates	<input checked="" type="checkbox"/> HR
<input checked="" type="checkbox"/> AG	Antigua and Barbuda	<input checked="" type="checkbox"/> HU
<input checked="" type="checkbox"/> AL	Albania	<input checked="" type="checkbox"/> ID
<input checked="" type="checkbox"/> AM	Armenia	<input checked="" type="checkbox"/> IL
<input checked="" type="checkbox"/> AT	Austria	<input checked="" type="checkbox"/> IN
<input checked="" type="checkbox"/> AU	Australia	<input checked="" type="checkbox"/> IS
<input checked="" type="checkbox"/> AZ	Azerbaijan	<input checked="" type="checkbox"/> JP
<input checked="" type="checkbox"/> BA	Bosnia and Herzegovina	<input checked="" type="checkbox"/> KE
<input checked="" type="checkbox"/> BB	Barbados	<input checked="" type="checkbox"/> KG
<input checked="" type="checkbox"/> BG	Bulgaria	<input checked="" type="checkbox"/> KP
<input checked="" type="checkbox"/> BR	Brazil	<input checked="" type="checkbox"/> KR
<input checked="" type="checkbox"/> BY	Belarus	<input checked="" type="checkbox"/> KZ
<input checked="" type="checkbox"/> BZ	Belize	<input checked="" type="checkbox"/> LC
<input checked="" type="checkbox"/> CA	Canada	<input checked="" type="checkbox"/> LK
<input checked="" type="checkbox"/> CH & LI	Switzerland and Liechtenstein	<input checked="" type="checkbox"/> LR
<input checked="" type="checkbox"/> CN	China	<input checked="" type="checkbox"/> LS
<input checked="" type="checkbox"/> CO	Colombia	<input checked="" type="checkbox"/> LT
<input checked="" type="checkbox"/> CR	Costa Rica	<input checked="" type="checkbox"/> LU
<input checked="" type="checkbox"/> CU	Cuba	<input checked="" type="checkbox"/> LV
<input checked="" type="checkbox"/> CZ	Czech Republic	<input checked="" type="checkbox"/> MA
<input checked="" type="checkbox"/> DE	Germany	<input checked="" type="checkbox"/> MD
<input checked="" type="checkbox"/> DK	Denmark	<input checked="" type="checkbox"/> MG
<input checked="" type="checkbox"/> DM	Dominica	<input checked="" type="checkbox"/> MK
<input checked="" type="checkbox"/> DZ	Algeria	<input checked="" type="checkbox"/> MN
<input checked="" type="checkbox"/> EC	Ecuador	<input checked="" type="checkbox"/> MW
<input checked="" type="checkbox"/> EE	Estonia	<input checked="" type="checkbox"/> MX
<input checked="" type="checkbox"/> ES	Spain	<input checked="" type="checkbox"/> MZ
<input checked="" type="checkbox"/> FI	Finland	<input checked="" type="checkbox"/> NI
<input checked="" type="checkbox"/> GB	United Kingdom	<input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> GD	Grenada	<input checked="" type="checkbox"/> NZ
<input checked="" type="checkbox"/> GE	Georgia	
<input checked="" type="checkbox"/> GH	Ghana	
<input checked="" type="checkbox"/> GM	Gambia	
<input checked="" type="checkbox"/> OM	Oman	
<input checked="" type="checkbox"/> PG	Papua New Guinea	
<input checked="" type="checkbox"/> PH	Philippines	
<input checked="" type="checkbox"/> PL	Poland	
<input checked="" type="checkbox"/> PT	Portugal	
<input checked="" type="checkbox"/> RO	Romania	
<input checked="" type="checkbox"/> RU	Russian Federation	
<input checked="" type="checkbox"/> SC	Seychelles	
<input checked="" type="checkbox"/> SD	Sudan	
<input checked="" type="checkbox"/> SE	Sweden	
<input checked="" type="checkbox"/> SG	Singapore	
<input checked="" type="checkbox"/> SK	Slovakia	
<input checked="" type="checkbox"/> SL	Sierra Leone	
<input checked="" type="checkbox"/> SY	Syrian Arab Republic	
<input checked="" type="checkbox"/> TJ	Tajikistan	
<input checked="" type="checkbox"/> TM	Turkmenistan	
<input checked="" type="checkbox"/> TN	Tunisia	
<input checked="" type="checkbox"/> TR	Turkey	
<input checked="" type="checkbox"/> TT	Trinidad and Tobago	
<input checked="" type="checkbox"/> TZ	United Republic of Tanzania	
<input checked="" type="checkbox"/> UA	Ukraine	
<input checked="" type="checkbox"/> UG	Uganda	
<input checked="" type="checkbox"/> US	United States of America	
<input checked="" type="checkbox"/> UZ	Uzbekistan	
<input checked="" type="checkbox"/> VC	Saint Vincent and the Grenadines	
<input checked="" type="checkbox"/> VN	Viet Nam	
<input checked="" type="checkbox"/> YU	Serbia and Montenegro	
<input checked="" type="checkbox"/> ZA	South Africa	
<input checked="" type="checkbox"/> ZM	Zambia	
<input checked="" type="checkbox"/> ZW	Zimbabwe	
Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:		
<input type="checkbox"/>	<input type="checkbox"/>
Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)		

Form PCT/RO/101 (second sheet) (July 2003)

See Notes to the request form

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Box No. VI PRIORITY CLAIM				
The priority of the following earlier application(s) is hereby claimed:				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: * regional Office	international application: receiving Office
item (1) 23 sep 2002	10/253 073	US		
item (2) 04 Apr 2003	10/406 869	US		
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office* identified above as:

☒ all items
 ☐ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(iii)).

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / **US**

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):	Number of declarations
<input type="checkbox"/> Box No. VIII (i) Declaration as to the identity of the inventor :	
<input type="checkbox"/> Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :	
<input type="checkbox"/> Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :	
<input checked="" type="checkbox"/> Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America) :	
<input type="checkbox"/> Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :	

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Sheet No. 4

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of Inventorship (Rules 4.17(iv) and 5161s.1(a)(iv))
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications:

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: Leonard Mackles

Residence: New York, NY

(city and either US state, if applicable, or country)

Mailing Address: 311 East 23rd Street, New York NY 10010, USA

Citizenship: US

Inventor's Signature: Leonard Mackles

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: 3 Sept 03

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name:

Residence:

(city and either US state, if applicable, or country)

Mailing Address:

Citizenship:

Inventor's Signature:

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

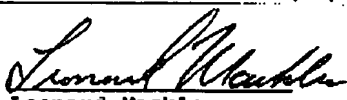
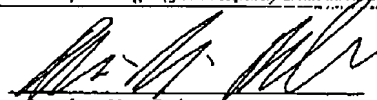
Date:

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

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Sheet No. 5

Box No. IX CHECK LIST; LANGUAGE OF FILING	
<p>This international application contains:</p> <p>(a) In paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 8</p> <p>claims : 4</p> <p>abstract : 1</p> <p>drawings : 1</p> <p>Sub-total number of sheets : 18</p> <p>sequence listings : 0</p> <p>tables related thereto : 0</p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : 18</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listings : 0</p> <p><input type="checkbox"/> tables related thereto : 0</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet : 1</p> <p>2. <input type="checkbox"/> original separate power of attorney : 0</p> <p>3. <input type="checkbox"/> original general power of attorney : 0</p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any : 0</p> <p>5. <input type="checkbox"/> statement explaining lack of signature : 0</p> <p>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s) : 0</p> <p>7. <input type="checkbox"/> translation of international application into (language) : 0</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : 0</p> <p>9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : 0</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : 0</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column : 0</p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : 0</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : 0</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : 0</p> <p>11. <input type="checkbox"/> other (specify) : 0</p>
<p>Figure of the drawings which should accompany the abstract:</p>	<p>Language of filing of the international application: English</p>
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p> <p> Leonard Mackles</p> <p> Omri M. Behr</p>	

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 1(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid
<p>For International Bureau use only</p> <p>Date of receipt of the record copy by the International Bureau:</p>	